

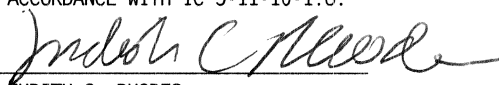
ALLOWANCE OF VOUCHERS

I HEREBY CERTIFY THAT EACH OF THE ABOVE LISTED VOUCHERS AND THE INVOICES, OR BILLS ATTACHED THERETO,

ARE TRUE AND CORRECT AND I HAVE AUDITED SAME IN ACCORDANCE WITH IC 5-11-10-1.6.

June 5

, 2009

  
JUDITH C. RHODES  
FISCAL OFFICER

WE HAVE EXAMINED THE VOUCHERS LISTED ON THE FOREGOING ACCOUNTS PAYABLE VOUCHER REGISTER, CONSISTING OF

PAGES, AND EXCEPT FOR VOUCHERS NOT ALLOWED AS SHOWN ON THE REGISTER SUCH VOUCHERS ARE HEREBY ALLOWED

IN THE TOTAL AMOUNT OF \$ 1,629.89 DATED THIS 5th DAY OF June 2009.

APPROVED BY STATE BOARD OF ACCOUNTS IN 2001 FOR CITY OF WEST LAFAYETTE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6/05/09  
3:01:54

ACCOUNTS PAYABLE VOUCHER REGISTER

BDA45/HEATHER  
PAGE 1

CITY OF WEST LAFAYETTE

FOR THE PERIOD OF 6/05/09 - 6/05/09

CHECK	VOUCHER	VENDOR NAME	DUE DATE							AMOUNT
PO #	INVOICE NUMBER	DESCRIPTION	FND	PROGRAM	OBJECT	CC	ACCOUNT TITLE	VOUCHER	AMOUNT	ALLOWED
2220	2220	JASON BURKS, FLEX ACCOUNT	6/05/09							
		FLEX PLAN	819	819.00	.00	0	FLEXIBLE PLAN DEPENDENT CARE	256.00		256.00
		FLEX PLAN DEPENDENT					CHECK AMOUNT	256.00		
2221	2221	CYNTHIA MARION, FLEX ACCOUNT	6/05/09							
		FLEX PLAN	811	811.00	.00	0	FLEXIBLE PLAN MEDICAL	834.50		834.50
		FLEX PLAN MEDICAL					CHECK AMOUNT	834.50		
2222	2222	DANIEL MARVIN, FLEX ACCOUNT	6/05/09							
		FLEX PLAN	811	811.00	.00	0	FLEXIBLE PLAN MEDICAL	539.39		539.39
		FLEX PLAN MEDICAL					CHECK AMOUNT	539.39		
							PRE-WRITTEN TOTAL .....	1,629.89		
							GRAND TOTAL.....	1,629.89		

6/05/09  
3:01:54

FUND SUMMARY

BDA45/HEATHER  
PAGE 2

CITY OF WEST LAFAYETTE

FUND	DESCRIPTION	VOUCHER TOTAL
811	FLEXIBLE PLAN MEDICAL	1,373.89
819	FLEXIBLE PLAN DEPENDENT CARE	256.00
GRAND TOTAL		1,629.89